



**Andy Beshear**  
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES**  
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**Inspection Report**

<b>Provider Name:</b> Jessamine Early Learning Village Child Care Center	<b>Provider Information</b> <b>Provider Type:</b> LICENSED TYPE I	<b>CLR No:</b> L383108
<b>Provider Address:</b> 851 Wilmore Road, Nicholasville, KY, 40356		<b>Capacity:</b> 150
<b>Owner(s):</b> Jessamine County Schools		<b>Director(s):</b> Jones, Jenny

<b>Inspection Type:</b> Renewal Application	<b>Inspection Information</b>	<b>Inspection No:</b> 305079
<b>Date Initiated:</b> 01/26/2021 2:30 PM	<b>Date Concluded:</b> 01/26/2021 4:30 PM	
	<b>No. of Children Present:</b> 41	

Inspection Report	
<b>Background Checks</b>	<b>In Compliance</b>
<b>Supervision</b>	<b>In Compliance</b>
<b>Staffing Requirements</b>	<b>In Compliance</b>
<b>General Administration</b>	<b>In Compliance</b>
<b>Director Requirements</b>	<b>In Compliance</b>
<b>Employee Records</b>	<b>In Compliance</b>
<b>Programming</b>	<b>In Compliance</b>
<b>Premises</b>	<b>In Compliance</b>
<b>Hygienic Practices</b>	<b>In Compliance</b>
<b>First Aid/Medication</b>	<b>In Compliance</b>
<b>Outdoor Play Area</b>	<b>In Compliance</b>
<b>Equipment</b>	<b>In Compliance</b>
<b>Transportation</b>	<b>In Compliance</b>
<b>Food Service/Food Program</b>	<b>In Compliance</b>
<b>Food Service</b>	<b>In Compliance</b>
<b>Children's Records</b>	<b>In Compliance</b>
<b>Written Documentation</b>	<b>Not In Compliance</b>
<b>1150 - Evacuation Plan</b>	<b>Not In Compliance</b>
<b>922 KAR 2:090. Section 5. Evacuation Plan.</b> <b>(1) A licensed child-care center shall have a written evacuation plan in the event of a fire, natural disaster, or other threatening situation that may pose a health or safety hazard for a child in care in accordance with KRS 199.895 and 42 U.S.C. 9858c(c)(2)(U).</b>	
<b>Findings:</b>	
General: Based on observation and review of documentation, there was not a completed emergency preparedness plan on file.	
<b>Posted Documentation</b>	<b>In Compliance</b>
<b>Animals</b>	<b>In Compliance</b>

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Signature of Provider/Representative

Title

Date